

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	1-18-01
FORMALITY REVIEW	M. H.	625	02-05-01
RESPONSE FORMALITY REVIEW	XC	71470	7/14/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	10/3/02
2	10/3/02
3	10/3/02
4	10/3/02
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49	10/3/02
50	10/3/02

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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